

Request for Rehearing - External

QuickStart Guide

The Request for Rehearing is submitted to the Commission by a user hoping to obtain another hearing. A user begins this by searching for the Claim and specifying the Order with the decision they are requesting the hearing for reconsideration of. This should be within 15 days of the decision.



Request for Rehearing > Complete Request for Rehearing Form

Rehearing Request

INSTRUCTIONS: This form is to be used by parties to a compensation claim only to request reconsideration of a prior decision of the Commission pursuant to LE §9-726. The Request must be based on an alleged error of law or a mistake of fact and must be filed within 15 days after the decision.

Request after 15 days

Claim Basic Information

Claim Number: W403147 Claimant Name: Zoraida Suarez

Employer & Insurer

Employer	Insurer
ABRAMS GAVIN M & MONICA M	ACCEPTANCE INSURANCE CO

Select the Order to proceed with the request

Claim Orders

Select	Document	Order Date
<input type="checkbox"/>	Award Order	05/11/2023
<input type="checkbox"/>	Emergency Hearing Order	05/11/2023

Justification For Rehearing

Justification for Rehearing

1 Select the Order for the corresponding Hearing

2 Enter the mandatory Justification using the textbox provided.

The Other parties in the Claim will receive and inbox task to respond by noting an objection, no objection, or deleting the task from their inbox. This is done within 15 days of the Request for Rehearing filing.

Response to Rehearing Request > Response Form

Rehearing Request Response Form

Rehearing Response: Please select

Comments:

Response Details

Claim Number	Name	Party
W403147	Zoraida Suarez	Claimant
W403147	Aruna Kamana	Insurer Attorney

No Objection to Rehearing Request

I Object to the Rehearing Request

Remove from the inbox task